

THIS IS NOT A PERMIT WLS # _____
CATAWBA COUNTY HEALTH DEPARTMENT
Application for Environmental Services

IP _____ AC _____ S. T. Rpr. _____ Exist. S. T. _____ Well Prmt. _____ Replacement Well _____

1. Name to Appear on Permit _____
2. Permit Requested By _____ Business Phone _____
Address _____ Home Phone _____
3. Property Owner _____ Business Phone _____
Address _____ Home Phone _____
4. Name of Subdivision _____ Lot # _____ Section/Block/Phase _____
Property Address _____
Directions to Property: _____

5. Property Size: Square Feet _____ Acres _____ Date Platted/Recorded _____
6. TYPE OF FACILITY: House _____ Mobile Home _____ Dimension of Structure _____ Bedrooms _____
Basement: yes/no _____ Water Using Fixtures in Basement: yes/no No. in Family _____
Whirlpool Tub yes/no _____ Gallon Capacity _____
MULTIPLE FAMILY RESIDENCE: Units _____ Total Number of Bedrooms _____
DAY CARE: Number of Children _____
RESTAURANT: Seats _____ Square Feet Dining Area _____ Square Feet Foodstand/Meat Market Floor Space _____
TYPE OF BUSINESS: _____ Number of Employees 1st _____ 2nd _____ 3rd _____
OTHER: (Specify) _____
7. Do you anticipate any additions to Facility? Yes / No
If so, describe: _____
8. Has any grading, removal, or addition of soil been done to this property? Yes / No
If so, describe: _____
9. Are there easements/right-of-ways recorded on this property? Yes / No
10. Is a public water supply available on or adjacent to the above property? Yes / No
Check type that is available: [] Community well [] Semi-public well [] County/City/Township water line
If No, a Well Permit must be issued with the Septic Permit.
11. Monitoring Well Request? Yes / No # of wells _____ Name of Site _____

I understand that this is a formal application for a well permit, Improvement Permit or Authorization to Construct a ground absorption sewage disposal system to serve the above described facility on this property and authorize Catawba County Health Department employees to go on this property for evaluation purposes. I certify the above information to be correct and understand that an Improvement Permit issued as a result of this information is transferable and has no expiration date, but may be revoked if this information, site plans or intended use changes for the proposed facility. A Well Permit and Authorization to construct issued by this department is valid for (5) five years from the date issued and is not transferable.

Note: You must obtain Zoning Approval prior to locating a home or structure on this property.

****IF A PERMIT HAS TO BE REDESIGNED AND/OR RETRIPS MADE TO THE PROPERTY, THERE IS AN ADDITIONAL \$50 CHARGE.****

Date _____ Signature of Owner or Agent _____

(FOR OFFICE USE ONLY)

Please Contact _____ between 8 am and 9 am Phone _____

**** I have confirmed that no municipal water line exists adjacent to the above property if well permit is being issued.****

Signature _____ Date _____